

Application For Alcoholic Beverage Direct Shipping License



For Year _____

☐ New☐ Renewal

		ND License Number	
Legal Name		FEIN	
DBA/Trade Name		Federal Basic Permit Number	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Telephone Number	Contact Person		
<input type="checkbox"/> Address Changed From Previous License Application	Email Address		

License Fee: \$50.00

Type of Business:				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC

- The state of domicile for this business is _____
- Is the business currently a licensed alcoholic beverage manufacturer? ☐ Yes ☐ No If Yes, enter State _____,
License No. _____, and Expiration Date _____ of the license.
- Is the business currently a licensed alcoholic beverage retailer? ☐ Yes ☐ No If Yes, enter State _____,
License No. _____, and Expiration Date _____ of the license.

Agreement to Electronically File

The Tax Commissioner agrees to authorize the above named company to electronically file the tax reports and schedules as required under North Dakota Century Code chs. 5-01 and 5-03. The signature of the company affixed to this application shall be deemed to appear on such electronically filed reports and schedules, as if actually so appearing. All reports and schedules filed electronically pursuant to this agreement are deemed by the company to be truthful, accurate and complete statements made under penalty of perjury, and shall be in form compatible with the Tax Commissioner's equipment, software, and facilities. Any electronic filing not in conformity with the requirements specified herein shall be deemed a failure to file such reports and schedules and company shall be subject to all applicable penalties prescribed by law.

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application has been examined by me and to the best of my knowledge and belief is complete, correct, and true.

Name of Owner or Authorized Officer (print or type)

Signature of Owner or Authorized Officer

Title

Date

Please send application and license fee to:

**Office of State Tax Commissioner
Alcohol Tax Section
600 E. Boulevard Ave. Dept. 127
Bismarck, ND 58505-0599
Phone: (701) 328-2702**

**For Tax
Department
Use Only**